

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005814

1. Entity Name

THE TAMPA GALLERY ASSOCIATION, INC.

Principal Place of Business

3508 S. MANHATTAN AVENUE
TAMPA FL 33629
US

Mailing Address

3508 S. MANHATTAN AVENUE
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3285029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX-GLIMPSE, BILLIE
3508 SOUTH MANHATTAN AVENUE
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COX-GLIMPSE, BILLIE
STREET ADDRESS 3508 S. MANHATTAN AVENUE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE VPT
NAME FOSNAUGHT, PATT
STREET ADDRESS 1185 SHIPWATCH CR.
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE TD
NAME STOBERL, DEB
STREET ADDRESS 720 S. DALE MABRY
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE SD
NAME NAKIS, SOPHIA
STREET ADDRESS 100 E. MADISON STREET
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE VP
NAME KATZIM, TAM
STREET ADDRESS 1609 W. SNOW CIR.
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE S
NAME DELANEY, ANN
STREET ADDRESS 900 N. ASHLEY DR.
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SUZIE EBBERT V.P.
NAME TAMPA MUSEUM OF ART
STREET ADDRESS 600 N. ASHLEY ST.
CITY-ST-ZIP TAMPA, FL 33603 ☒ Change ☐ Addition

TITLE CAROLYN KOSSAR S/T
NAME HIC 400R CAMPOS
STREET ADDRESS P.O. BOX 5096
CITY-ST-ZIP TAMPA, FL 33675 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the partner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/02

813-832-2755

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90039 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)